

| INPROCESSING/READINESS AND DEPLOYMENT CHECKLIST  |        |  |                      |                          |     |                          |                                       |                          |        |                         |     |     |                          |                          |
|--|--------|--|----------------------|--------------------------|-----|--------------------------|---------------------------------------|--------------------------|--------|-------------------------|-----|-----|--------------------------|--------------------------|
| For use of this form see AR 600-8-101; the proponent agency is ODCSPER   |        |  |                      |                          |     |                          |                                       |                          |        |                         |     |     |                          |                          |
| <b>Purpose</b>   |        | Data Required  |                      |                          |     |                          |                                       |                          |        |                         |     |     |                          |                          |
| <b>Routine Uses</b>  |        | Information required for exercise/deployment.  |                      |                          |     |                          |                                       |                          |        |                         |     |     |                          |                          |
| <b>Disclosure</b>  |        | Will be used to ascertain deployable/non-deployable status. Will also provide historical DATE: for after action reports and reviews. |                      |                          |     |                          |                                       |                          |        |                         |     |     |                          |                          |
|  |        | Disclosure of this information is voluntary. However, failure to disclose information requested could result in improper processing. |                      |                          |     |                          |                                       |                          |        |                         |     |     |                          |                          |
| NAME (LAST, FIRST MI)  |        |  |                      |                          | SSN |                          |                                       | GRADE                    |        | MOS/Occupational Series |     |     |                          |                          |
| CURRENT UNIT/STATION AND ADDRESS/PHONE NUMBER  |        |  |                      |                          |     |                          |                                       |                          |        |                         |     |     |                          |                          |
| SERVICE COMPONENT/STATUS   |        |  |                      |                          |     |                          | CIV                                   | AC                       | RC     | AGR                     | IMA | IRR | UNIT                     | RET                      |
| ARMY   |        | NAVY   |                      | AIR FORCE                |     | MARINE                   | COAST                                 | GUARD                    |        |                         |     |     | USAR                     | NG                       |
| <input type="checkbox"/>   |        | <input type="checkbox"/>   |                      | <input type="checkbox"/> |     | <input type="checkbox"/> | <input type="checkbox"/>              | <input type="checkbox"/> |        |                         |     |     | <input type="checkbox"/> | <input type="checkbox"/> |
| REASSIGNED OR ATTACHED TO (UNIT)   |        |  |                      |                          |     |                          |                                       |                          |        |                         |     |     |                          |                          |
| HEIGHT   | WEIGHT |  | RELIGIOUS PREFERENCE |                          |     | BLOOD TYPE               |                                       | SEX: M / F               |        | ARRIVAL DATE:           |     |     |                          |                          |
| NOTES: *Denotes areas required/recommended for deployment IAW AR 600-8-101   |        |  |                      |                          |     |                          |                                       |                          |        |                         |     |     |                          |                          |
| "C" denotes areas also required for Civilian deployment processing   |        |  |                      |                          |     |                          |                                       |                          |        |                         |     |     |                          |                          |
| SECTION I PERSONNEL INPROCESSING/READINESS REQUIREMENTS  |        |  |                      |                          |     |                          |                                       |                          |        |                         |     |     |                          |                          |
|  |        |  |                      |                          |     |                          | N/A                                   | NO GO                    | REASON | DATE CORRECTED          | GO  |     |                          |                          |
| *a. ETS within 7 days of deployment DATE:?   |        |  |                      |                          |     |                          |                                       |                          |        |                         |     |     |                          |                          |
| *b. C- Family Care Plan approved/on file? (if required)  |        |  |                      |                          |     |                          |                                       |                          |        |                         |     |     |                          |                          |
| *c. C- German alien or US Turkish citizen?   |        |  |                      |                          |     |                          |                                       |                          |        |                         |     |     |                          |                          |
| *d. SGLV 8286 reviewed/revised DATE:?  |        |  |                      |                          |     |                          |                                       |                          |        |                         |     |     |                          |                          |
| e. C- DD Form 93 reviewed/revised DATE:?   |        |  |                      |                          |     |                          |                                       |                          |        |                         |     |     |                          |                          |
| *f. C- Two ID tags w/metal necklace around neck? (worn at all times)   |        |  |                      |                          |     |                          |                                       |                          |        |                         |     |     |                          |                          |
| *g. C- Current ID card DD Form 2A, Civilians DD Form 1173 (Deployment only)?   |        |  |                      |                          |     |                          |                                       |                          |        |                         |     |     |                          |                          |
| *h. C- Received Geneva Convention Card? (if required)  |        |  |                      |                          |     |                          |                                       |                          |        |                         |     |     |                          |                          |
| i. C- Emergency Essential Mobility Agreement? (Gov't Civilians Only)   |        |  |                      |                          |     |                          |                                       |                          |        |                         |     |     |                          |                          |
| j. C- Former Peace Corps member in deployment area? (Cannot deploy in any intel capacity to country in which worked) |        |  |                      |                          |     |                          |                                       |                          |        |                         |     |     |                          |                          |
| *k. C- POW in deployment area? (waiverable by individual))   |        |  |                      |                          |     |                          |                                       |                          |        |                         |     |     |                          |                          |
| *l. Sole surviving family member? (Waiverable by individual)   |        |  |                      |                          |     |                          |                                       |                          |        |                         |     |     |                          |                          |
| m. 12 week BT/AIT/equivalent completed?  |        |  |                      |                          |     |                          |                                       |                          |        |                         |     |     |                          |                          |
| *n. Conscientious objector pending?  |        |  |                      |                          |     |                          |                                       |                          |        |                         |     |     |                          |                          |
| o. Conscientious objector approved? Class 1-A-0.   |        |  |                      |                          |     |                          |                                       |                          |        |                         |     |     |                          |                          |
| *p. Records review upDATE: (circle one) 2A & DA form 2-1 or 2B & ORB   |        |  |                      |                          |     |                          |                                       |                          |        |                         |     |     |                          |                          |
| *q. C- Single parent/mil couple in adoption process? (waiverable by individual)                                      |        |  |                      |                          |     |                          |                                       |                          |        |                         |     |     |                          |                          |
| *r. C- Mother of newborn (first 4 months)? (Waiverable by individual)  |        |  |                      |                          |     |                          |                                       |                          |        |                         |     |     |                          |                          |
| s. C- Pending administrative action? Reason:   |        |  |                      |                          |     |                          |                                       |                          |        |                         |     |     |                          |                          |
| *t. C- Initiated/possess passport/visa (if required for area)?   |        |  |                      |                          |     |                          |                                       |                          |        |                         |     |     |                          |                          |
| *u. Pending discharge/separation/reassign/ human reliability program?  |        |  |                      |                          |     |                          |                                       |                          |        |                         |     |     |                          |                          |
| PERSONNEL DEPLOYMENT REQUIREMENTS  |        |  |                      |                          |     |                          |                                       |                          |        |                         |     |     |                          |                          |
| *v. 3/4 Physical Profile, evaluated by MMRB/declared deployable?   |        |  |                      |                          |     |                          |                                       |                          |        |                         |     |     |                          |                          |
| *w. C- Passport/visa received (if required) ?  |        |  |                      |                          |     |                          |                                       |                          |        |                         |     |     |                          |                          |
| x. C- Linguist? YES / NO (circle one) If YES:  |        |  |                      |                          |     |                          |                                       |                          |        |                         |     |     |                          |                          |
| Language:  |        |  |                      |                          |     |                          | Certification DATE:.                  |                          |        |                         |     |     |                          |                          |
| CERTIFYING OFFICIAL (Home Station) DATE:   |        |  |                      |                          |     |                          | CERTIFYING OFFICIAL (Deployment Site) |                          |        | DATE:                   |     |     |                          |                          |
| (Print name, rank, signature)  |        |  |                      |                          |     |                          | (Print name, rank, signature)         |                          |        |                         |     |     |                          |                          |
| SEE INSTRUCTIONS ON REVERSE SIDE   |        |  |                      |                          |     |                          |                                       |                          |        |                         |     |     |                          |                          |

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|   |  |          |        |                    |    |
|---|--|----------|--------|--------------------|----|
| NAME (LAST, FIRST MI)   |  |          |        | SSN:               |    |
| NOTES: *Denotes areas required/recommended for deployment IAW AR 600-8-101<br>"C" denotes areas also required for Civilian processing |  |          |        |                    |    |
| <b>SECTION II MEDICAL READINESS INPROCESSING/REQUIREMENTS</b>   |  |          |        |                    |    |
|   | N/A  | NO<br>GO | REASON | DATE:<br>CORRECTED | GO |
| *a. C- HIV cleared?   |  |          |        |                    |    |
| b. C- Blood type:   |  |          |        |                    |    |
| *c. C- DNA specimen collected/on file?  |  |          |        |                    |    |
| *d. C- Are you Pregnant? Yes/No (circle one)-Profile?   |  |          |        |                    |    |
| *e. Assigned to Qtrs/MTF?   |  |          |        |                    |    |
| *f. C- Current immunizations?   |  |          |        |                    |    |
| *g. C- Requires eyeglasses? (2 pairs; 1 civilian pair is OK)  |  |          |        |                    |    |
| *h. C- Requires mask inserts? (1 pair)  |  |          |        |                    |    |
| *i. C- Requires hearing aid? (w/extra batteries)  |  |          |        |                    |    |
| *j. C- Requires Medical Warning Tags? (wears 2)<br>Reason needed:   |  |          |        |                    |    |
| k. C- Personal prescription(s)? (90 day supply)   |  |          |        |                    |    |
| *l. Medical Records review (SF 93/88)/exam on file? DATE::  |  |          |        |                    |    |
| *m. Exceptional Family Member referred/enrolled? (if required)  |  |          |        |                    |    |
| *n. DA Form 8007 completed? (Deploy with PHS Form 731, Yellow Shot Record)  |  |          |        |                    |    |
| o. DEERS Entry  |  |          |        |                    |    |
| <b>MEDICAL DEPLOYMENT REQUIREMENTS</b>  |  |          |        |                    |    |
| *p. C- HIV cleared?<br>Last test DATE::   |  |          |        |                    |    |
| *q. C- Immunizations required for deployment area?  |  |          |        |                    |    |
| r. C- Preventative Medicine Brief?  |  |          |        |                    |    |
| s. C- Pregnancy test administered? Pregnant? YES NO (Circle one)  |  |          |        |                    |    |
| CERTIFYING OFFICIAL (Home Station) DATE:  | CERTIFYING OFFICIAL (Deployment Site)                                  |          |        | DATE:              |    |
| <b>SECTION III DENTAL INPROCESSING/READINESS REQUIREMENTS</b>   |  |          |        |                    |    |
| *a. C- Complete dental record on file with appropriate record custodian?  |  |          |        |                    |    |
| <b>DENTAL DEPLOYMENT REQUIREMENTS</b>   |  |          |        |                    |    |
| *b. C- Dental Class 3/4 treatment completed?  |  |          |        |                    |    |
| *c. C- Panoraphic X-Ray placed in Dental Record (Annotated on DA 8007)  |  |          |        |                    |    |
| CERTIFYING OFFICIAL (Home Station) DATE:  | CERTIFYING OFFICIAL (Deployment Site)                                  |          |        | DATE:              |    |
| <b>SECTION IV LEGAL AFFAIRS INPROCESSING/READINESS REQUIREMENTS</b>   |  |          |        |                    |    |
| *a. C- Received Geneva Convention brief? (during current enlistment/career)   |  |          |        |                    |    |
| *b. C- Pending civil felony charges? (may not deploy)   |  |          |        |                    |    |
| *c. C- Requires Power(s) of Attorney?   |  |          |        |                    |    |
| *d. C- Requires a Will?   |  |          |        |                    |    |
| *e. C- Counseled on insurance/civil matters?  |  |          |        |                    |    |
| <b>LEGAL AFFAIRS DEPLOYMENT REQUIREMENTS</b>  |  |          |        |                    |    |
| *f. C- Briefed on local laws for deployment area?   |  |          |        |                    |    |
| CERTIFYING OFFICIAL (Home Station) DATE:<br>(Print name, rank, signature)   | CERTIFYING OFFICIAL (Deployment Site)<br>(Print name, rank, signature) |          |        | DATE:              |    |
| COMMENTS:   |  |          |        |                    |    |

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| NAME (LAST, FIRST MI)  |  |          |        | SSN:               |    |
| <b>SECTION V TRAINING INPROCESSING/READINESS REQUIREMENTS</b>  |  |          |        |                    |    |
|  | N/A  | NO<br>GO | REASON | DATE:<br>CORRECTED | GO |
| *a. Weapons qualified within last 12 months? DATE:   |  |          |        |                    |    |
| b. APFT Passed? DATE::   |  |          |        |                    |    |
| c. Local CTT requirements completed?   |  |          |        |                    |    |
| d. Weapon(s) issued?   |  |          |        |                    |    |
| Zero/familiarize DATE:   |  |          |        |                    |    |
| e. Safety Briefing(s) conducted?   |  |          |        |                    |    |
| f. Military Drivers License (OF 346) Issued? DATE::  |  |          |        |                    |    |
| *g. Family members received deployment briefing?   |  |          |        |                    |    |
| <b>TRAINING DEPLOYMENT REQUIREMENTS</b>  |  |          |        |                    |    |
| *h. C- Received terrorist briefing Level 1?  |  |          |        |                    |    |
| i. C- Weapon issued? (Civilians -9mm/ familiarize)   |  |          |        |                    |    |
| Serial Number:   |  |          |        |                    |    |
| CERTIFYING OFFICIAL (Home Station) DATE:<br>(Print name, rank, signature)                                | CERTIFYING OFFICIAL (Deployment Site)<br>(Print name, rank, signature) |          |        | DATE:              |    |
| <b>SECTION VI SECURITY INPROCESSING/READINESS REQUIREMENTS</b>   |  |          |        |                    |    |
| a. C- Meets security clearance requirements for current duty position and deployment area? (If required) |  |          |        |                    |    |
| <b>SECURITY DEPLOYMENT REQUIREMENTS</b>  |  |          |        |                    |    |
| b. C- Received Security Brief for Deployment Area?   |  |          |        |                    |    |
| CERTIFYING OFFICIAL (Home Station) DATE:<br>(Print name, rank, signature)                                | CERTIFYING OFFICIAL (Deployment Site)<br>(Print name, rank, signature) |          |        | DATE:              |    |
| <b>SECTION VII FINANCE INPROCESSING/READINESS REQUIREMENTS</b>   |  |          |        |                    |    |
| <b>FINANCE DEPLOYMENT REQUIREMENTS</b>   |  |          |        |                    |    |
| *a. C- Enrolled in SUREPAY/Direct Deposit?   |  |          |        |                    |    |
| *b. Initiate/change allotments(s)?   |  |          |        |                    |    |
| *c. Entitlements verified?   |  |          |        |                    |    |
| *d. Settle any travel claim(s)?  |  |          |        |                    |    |
| e. BAQ w/wo and VHA status verified?   |  |          |        |                    |    |
| CERTIFYING OFFICIAL (Home Station) DATE:<br>(Print name, rank, signature)                                | CERTIFYING OFFICIAL (Deployment Site)<br>(Print name, rank, signature) |          |        | DATE:              |    |
| <b>SECTION VIII LOGISTICS INPROCESSING/READINESS REQUIREMENTS</b>  |  |          |        |                    |    |
| a. Issued Clothing Initial Issue Point (CIIP)?   |  |          |        |                    |    |
| b. Issued Central Issue Facility (CIF)?  |  |          |        |                    |    |
| c. Issued /Chemical Defense Equip (CDE)?   |  |          |        |                    |    |
| <b>LOGISTICS DEPLOYMENT REQUIREMENTS</b>   |  |          |        |                    |    |
| d. C- Theater specific CIIP issue?   |  |          |        |                    |    |
| e. C- Theater specific CIF/CDE issue?  |  |          |        |                    |    |
| CERTIFYING OFFICIAL (Home Station) DATE:<br>(Print name, rank, signature)                                | CERTIFYING OFFICIAL (Deployment Site)<br>(Print name, rank, signature) |          |        | DATE:              |    |

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|   |     |  |        |                    |    |
|---|-----|--|--------|--------------------|----|
| NAME (LAST, FIRST MI)   |     |  |        | SSN:               |    |
| NOTES: *Denotes areas required for deployment IAW AR 600-8-101<br>C- denotes areas also pertaining to Civilian processing |     |  |        |                    |    |
| <b>SECTION IX INSTALLATION DEPLOYMENT REQUIREMENTS</b>  |     |  |        |                    |    |
|   | N/A | NO<br>GO   | REASON | DATE:<br>CORRECTED | GO |
| a. C- CHAPLAIN SERVICES VISITED?  |     |  |        |                    |    |
| b. TRANSPORTATION:  |     |  |        |                    |    |
| 1. Completed HHG/Personal Property arrangements?  |     |  |        |                    |    |
| 2. C- Requires Transportation Arrangements?   |     |  |        |                    |    |
| c. PROVOST MARSHALL   |     |  |        |                    |    |
| 1. C- Completed vehicle storage report (DD Form 2506)?  |     |  |        |                    |    |
| 2. C- Completed disposition of private weapons?   |     |  |        |                    |    |
| d. HOUSING OFFICE:  |     |  |        |                    |    |
| 1. C- Requires housing/lease/notification of absence?   |     |  |        |                    |    |
| e. ARMY COMMUNITY SERVICE:  |     |  |        |                    |    |
| 1. C- Provided Family Support GP/ACS info?  |     |  |        |                    |    |
| CERTIFYING OFFICIAL (Home Station) DATE:<br>(Print name, rank, signature)   |     | CERTIFYING OFFICIAL (Deployment Site)<br>(Print name, rank, signature) |        | DATE:              |    |
| COMMENTS:   |     |  |        |                    |    |
|   |     |  |        |                    |    |
|   |     |  |        |                    |    |
|   |     |  |        |                    |    |
| <b>SECTION X INPROCESSING/READINESS</b>   |     |  |        |                    |    |
| HOME/MOB STATION  |     |  |        |                    |    |
| * CERTIFIED BY: (print name, rank, signature) DATE:   |     |  |        |                    |    |
| <b>SECTION XI DEPLOYMENT REQUIREMENTS</b>   |     |  |        |                    |    |
|   | N/A | GO   | REASON | CORRECTED          | GO |
| WAIVER APPROVED/DISAPPROVED   |     |  |        |                    |    |
| SOLDIER IS DEPLOYABLE   |     |  |        |                    |    |
| *VALIDATED BY: (print name, rank, signature)<br>DATE:   |     |  |        |                    |    |

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